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2162

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PTO/SB/83 (08-00)

Approved for use through 10/31/2002. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/693,733
Filing Date	10/21/00
First Named Inventor	SUGGS, Robert
Group Art Unit	2162
Examiner Name	
Attorney Docket Number	RECEIVED RECEIVED

1 24 2001
MAY 24 2001

Technology Center 2100
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To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has requested that no further legal work be performed.

Applicant has failed to pay attorney for legal work.

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

Customer Number



Place Customer Number
Bar Code Label here

OR

<input checked="" type="checkbox"/>	Firm or Individual Name
-------------------------------------	----------------------------

Robert Suggs, Amerisale

Address

4111 Medical Parkway

Address

Suite 210

City

Austin

State

Texas

ZIP

78756-3726

Country

USA

Telephone

512-451-3004

Fax

512-451-4110

This request is enclosed in triplicate.

Name

Rick B. YEALER

Signature

Rick B. Yea-

Date

3/21/01

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert Suggs, Amerisale		
Address	4111 Medical Parkway		
Address	Suite 210		
City	Austin	State	Texas ZIP 78756-3726
Country	USA		
Telephone	512-451-3004	Fax	512-451-4110

This request is enclosed in triplicate.

Name	Rick B. YEAGER		
Signature	<i>Rick B. Yeager</i>		
Date	3/21/01		

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